CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS DEPT OF INSURANCE RECEIVED **COVER PAGE**

2012 FEB 29 PM 12: 33

| Agency Na Californ Division, B ► If filing Agency: □ State □ Multi-C □ City of □ Annua -0 □ Assur □ Candi □ Schedu Check app | nia Department of Soard, Department, Dissoard, Department, Dissoard, Department, Dissoard, Department, Dissoard, Department and December 31, 2017. The period covered the period covere | f Insurance trict, if applicable list below or on an attachm uake Authority (Check at least one box) ck at least one box) d is January 1, 2011, through. | | ☐ Judge or Court Comm☐ County of | nissioner g Board Member nissioner (Statewide Jurisdiction) |
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| Candi Check app | December 31, 201 | d is/ | through | The period cover leaving office. | ed is January 1, 2011, through the date of |
| . Schedu Check app | ming Office: Date as | sumed | <u> </u> | O The period cover the date of leaving | ed is, through g office. |
| Check app Sched | idate: Election Year _ | Off | fice sought, if diffe | erent than Part 1: | |
| Check app Sched | ile Summary | | | | |
| Sched | plicable schedules o | ^ "None." | ► Total | number of pages inclu | ding this cover page:4 |
| Sched | iule A-1 - <i>Investments</i> dule A-2 - <i>Investments</i> | - schedule attached | - | Schedule D - Income - G | |
| V. S. | dule B - <i>Real Proper</i> ty | schedule attached | | Schedule E - Income - Gi | ifts - Travel Payments - schedule attached |
| 17Ei | • | . □ None . Ma | -Or- recortable interes | sts on any schedule | • |
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| I certify u | | | | is t | |
| Date Signe | nder penalty of perju | ry under the laws of the S | State of Californ | 10 (| |
| | . _ | ry under the laws of the S | | gna | |

DEPT OF INSURANCE RECEIVED 2012 FEB 29 PM 12: 33

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |
| Dave Jones |

| NAME OF POURCE OF INCOME | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| State of California | · |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 300 Capitol Mall, Suite 1700, Sacramento, CA | <u> </u> |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| WOULD PLICING TO POSITION | WORLD DRIGHT TO SOUTH ON |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Insurance Commissioner | |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| \$500 - \$1,000 \$1,001 - \$10,000 | S500 - \$1,000 S1,001 - \$10,000 |
| 310,001 - \$100,000 X OVER \$100,000 | \$10,001 - \$100,000 OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income | Salary Spouse's or registered domestic partner's income |
| Loan repayment Partnership | ☐ Loan repayment ☐ Partnership |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Commission or Rental income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or mo |
| • • • | |
| | |
| Other(Describe) | Other(Describe) |
| | lending institutions, or any indebtedness created as part |
| | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender |
| regular course of business must be disclosed as follow | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: |
| regular course of business must be disclosed as follows: | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender |
| regular course of business must be disclosed as follow | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: |
| regular course of business must be disclosed as follow | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) None None |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) None None |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) ——————————————————————————————————— |
| regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) Whose None Security For LOAN None Personal residence Real Property Street actress |
| regular course of business must be disclosed as follown when the follown state of Lender* Address (Business Address Acceptable) Business activity, if any, of Lender Highest Balance during reporting period \$500 - \$1,000 \$1,001 - \$10,000 | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |
| regular course of business must be disclosed as follown name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 | ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Months/Years) |

DEPT OF INSURANCE RECEIVED

2012 FEB 29 PM 12: 33

SCHEDULE D Income - Gifts

| CALIFORNIA FO | RM 700 |
|-----------------------|----------------|
| FAIR POLITICAL PRACTI | CES COMMISSION |
| Name | |

Dave Jones

| ► NAME OF SOURCE | ► NAME OF SOURCE | | |
|--|--|--|--|
| Consumer Attorneys of CA | Cal/ Expo | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 770 L Street, Sutie 1200, Sacramento, CA 95814 | PO Box 15649, Sacramento, CA 95822 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Attorneys - Professional Organization | CA State Fair - organizing body | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) . VALUE DESCRIPTION OF GIFT(S) | | |
| 05 / 02 / 11 _{\$} 150.00 Dinner | 07 / 31 / 11 s 110.00 Parking, 4 -tickets,meal | | |
| | \$ | | |
| | | | |
| NAME OF SOURCE | ► NAME OF SOURCE | | |
| Consumer Attorneys of California | Teichert Foundation | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 770 L Street, Sutie 1200, Sacramento, CA 95814 | 3500 American River Dr., Sacramento, CA 95864 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Attorneys - Professional Organization | Corporation | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 11 / 12 / 11 _{\$} 175.00 Dinner | 01 / 28 / 11 s 150.00 Hisp Chamber dinner | | |
| | \$ | | |
| | | | |
| ► NAME OF SOURCE | ► NAME OF SOURCE | | |
| Madera County Democrats | California Ambulatory Surgery Association | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | |
| 28481 Copper Creek Drive, Coarsegold, CA 93614 | PO Box 3811, Merced, CA 95344 | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| Political Organization | Professional Organization | | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | | |
| 05 / 22 / 11 s 80.00 Gift basket | 03 / 23 / 11 _{\$} 85.00 Dinner | | |
| | | | |
| | \$ | | |
| | · | | |
| Comments: | | | |
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DEPT OF INSURANCE RECEIVED

2012 FEB 29 PM 12: 33

SCHEDULE D Income – Gifts

| CALIFORNIA FORM | 700 DMMISSION |
|-----------------|---------------|
| Name | • |
| Dave Jones | |

| NAME OF SOURCE | ► NAME OF SOURCE |
|---|--|
| California State Pipe Trades Council | 1 |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 1123 L Street, Sacramento, CA 95814 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Professional Organization | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 05 / 06 / 11 s 94.00 Dinner | s |
| | s |
| | |
| ► NAME OF SOURCE | ► NAME OF SOURCE |
| Comcast Corp & Affiliated Entities - NBCUniversal | |
| ADDRESS (Business Address Acceptable) Media, LLC | ADDRESS (Business Address Acceptable) |
| 2350 Kerner Blvd, Ste. 250,San Rafael, CA 94901 | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Limited Liability Corporation | |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
| 12 / 08 / 11 \$ 230.00 Tickets/Ca Hall Fame | \$ |
| | |
| | |
| ► NAME OF SOURCE | ► NAME OF SOURCE |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| ADDITESS (Dusiness Address Address Address | VODI/Egg (DRS)(1929 Vonesty Vonestyanie) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) |
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| Comments; | |
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